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Owner / Driver: ( Tel: ) Policy No: ( ) Period ( ) Cover Type: ( )  Confirmed by: ( ) Date: Time: ) Insured/Driver Liability: ( %) [Note-Est Status (WO): N: 0-20%, P: 21-79%, P: 30-100%] Year of Registration: ( ) Warranty: YES ( ) / NO ( ) Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )  General Remarks:: ( ) Walk-In Customer: Customers information strictly Confidential & Strictly NO refer of repoliter. ( ) Total Loss Case: to e-mall Insurer URCENTLY. Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )  Remarks: (INC horline: 67886616) Date&Time Completed Done by 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) 2) QC Check / Post Repair Inspection ( ) 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )  Injury:  Date/Time Actions  NAMADITY  Actions  Invoice Preparation Checklist:  An(5) And Insurer University (\$100, 1)  Apply for Transport Allowance ( ) / Courtesy Car ( ) 2) QC Check / Post Repair Inspection ( ) 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )  Injury:  Date/Time Actions  Checked by (Engi-In-Charge):  On:  On:  On:  On:  On:  On:  On:  O	Preferred Wksp / INC Assign Wksp / QW: (				Fax	:	
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Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-20%; P: 21-79% P: 80-100%]  Year of Registration: () Warranty: YES ()/NO ()  Excess: (\$) Loading: \$1,000 ()/\$2,000 ()  General Remarks:- () Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. () Total Loss Case: to e-mail Insurer URGENTLY.  Drive-In ()/Towed-in (); Invoice: YES ()/NO (); Towing Co: ()  Remarks:: (INC hotline: 6788 6616) Date-Clark (INC hotli	Policy No: ( ) Po	eriod: (	)	Cover Type: (		)	
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3) Upload Resurvey Photo [Repair Cost > \$3000] ( )  Injury:  Date Time   Actions    Invoice Preparation Checklist   Amr (5)   Amr (5)    Amr (5)   Amr (6)    Amr (7)   Amr (7)    Amr (8)   Amr (9)   Amr (10)    Add B    Add B    Invoice Preparation Checklist   Amr (5)    Amr (6)   Amr (7)    Amr (7)   Amr (7)    Amr (8)   Amr (8)    And B    Invoice Preparation Checklist   Amr (9)    In all and B    And B    Invoice Preparation Checklist   Amr (9)    In all and B    In all	Remarks: (INC horline: 6788 6616)	e: YES( )/			erad (	Done	) eby
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1) AR : Accident Reporting (\$30);   2) DA : Darrage Assessment (\$100); INC (\$80)   2) DA : Darrage Assessment (\$100); INC (\$80)   3) TF : Towing Fee	Remarks:- (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/C  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions	Courtesy Car (			e ad		7.36.3
1	Remarks:- (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/C  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions	Courtesy Car (		Date&Time Compl		Ant (S)	Ame
4) FT : Follow-Through Survey   \$120	Remarks:- (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/C  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions	Courtesy Car (	Invoice Prepa	Date&Time Complete Co		Ant (S)	Ame
For claiming asainst INC Only (wef 10 Jan 2005)     Imaged Portion:   6) TR: Re-inspection   575     7) N1: Idae DA + SMRT Survey   5160     8) NTUC Additional Services:-     OD*	Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/C  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  [AP165] 749  [laimant's Particulars:-	Courtesy Car (	Invoice Prepa  1) AR: Accident Re 2) DA: Damage Ass	Date&Time Complete Co	INC (\$80)	Ant (S)	Amt
### amaged Portion:    6) TR : Re-inspection	Remarks:- (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/C  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  HA166] 744  laimant's Particulars:-	Courtesy Car (	Invoice Prepa  1) AR: Accident Re 2) DA: Darnage Ass 3) TF: Towing Fee 4) FT: Follow-Through	Date&Time Complement of the Co	INC (\$80) \$40/\$45 \$120	Ant (S)	Amt
7) N1 : Idae DA + SMRT Survey \$160  8) NTUC Additional Services:-  OD!*  *N5: Courtesy Car / Tpt Allowance \$5  *N6: Repair Co-ordination \$10  *N7: Post Repair Inspection \$25  *N8: DV / Collect Excess Coordination \$5  1: TP (N11) : TP (N in INC) against INC \$20  9) N12: Idae Mobile \$30  2 / 3: Invoice dated Fee Charged	Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/C  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  [IA146] 7-14  Inimant's Particulars:- river/Owner:	Courtesy Car (	Invoice Prepa  1) AR: Accident Re 2) DA: Darnage Ass 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro	Date&Time Complement of the Complement of the Checklist o	INC (\$80) \$40/\$45 \$120 \$30	Ant (S)	Am (J
Checked by (Engr-In-Charge):   OD*	Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/C  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  [IA166] 744  Inimant's Particulars:  priver/Owner:	Courtesy Car (	Invoice Prepa  1) AR: Accident Re 2) DA: Damage Ase 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspection	Date&Time Complete Co	INC (\$80) \$40/\$45 \$120 \$30 an 2905)	Ant (S)	Am (J
*N5: Courtesy Car / Tpt Allowance \$5  *N6: Repair Co-ordination \$10  *N7: Post Repair Inspection \$25  *N8: DV / Collect Excess Coordination \$5  1: TP (N11): TP (Non INC) against INC \$20  9) N12: Idae Mobile \$30  2 / 3: Invoice dated Fee Charged	Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/C  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  [Injury: Actions   Ac	Courtesy Car (	Invoice Prepa  1) AR: Accident Re 2) DA: Damage Ass 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspection 7) N1: Idac DA + S1	Date&Time Complete Co	INC (\$80) \$40/\$45 \$120 \$30 an 2905) \$75	Ant (S)	Amt
*N7: Post Repair Inspection   \$25     *N8: DV / Collect Excess Coordination   \$5	Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/C  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  HAPAOJTV4  Laumant's Particulars:  Inter/Owner:  Intact No:  Imaged Portion:	Courtesy Car (	Invoice Propa  1) AR: Accident Re 2) DA: Damage Ass 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspection 7) N1: Idae DA + S1 8) NTUC Additional	Date&Time Complete Co	INC (\$80) \$40/\$45 \$120 \$30 an 2905) \$75	Ant (S)	Am (J
*N8: DV / Collect Excess Coordination   55	Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/C  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  Halanjive Particulars:  ontact No:  imaged Portion:	Courtesy Car (	Invoice Propa  1) AR: Accident Re 2) DA: Damage Ass 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspection 7) N1: Idae DA + S1 8) NTUC Additional OD1* *N5: Courtesy Car	Date&Time Complete Co	INC (\$80) \$40/\$45 \$120 \$30 \$275 \$160	Ant (S)	Am.(3
9) N12: Idac Mobile 30 2/3: Invoice dated Fice Charged	Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/C  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  Halasty Particulars:  inter/Owner:  ontact No:  imaged Portion:  Checked by (Engr-In-Charge):	Courtesy Car (	Invoice Prepa  1) AR: Accident Re 2) DA: Damage Ass 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspection 7) N1: Idae DA + S) 8) NTUC Additional OD* *N5: Courtesy Cai *N6: Repair Co-66	Date&Time Complete Co	INC (\$80) \$40/\$45 \$120 \$30 an 2905) \$75 \$160	Ant (S)	Ami (S
The state of the s	Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/C  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  [Initial Actions of the company	Courtesy Car (	Invoice Prepa  1) AR: Accident Re 2) DA: Damage Ass 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-in spection 7) N1: Idae DA + S1 8) NTUC Additional OD!* *N5: Courtesy Cai *N6: Repair Co-66 *N7: Fost Repair I *N8: DV / Collect	Date&Time Complete Co	INC (\$80) \$40/\$45 \$120 \$30 an 2905) \$75 \$160 \$55 \$100 \$255 \$310	Ant (S)	) bby Amt (3 Add Bil
Invalce dated Fee Charged	Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/C  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  [Injury: Actions   Particulars :-  priver/Owner:  Ontact No:  Imaged Portion:  Checked by (Engr-In-Charge):  Iditors' Comments :-  It:	Courtesy Car (	Invoice Prepa  1) AR: Accident Re 2) DA: Damage Ass 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-in spection 7) N1: Idae DA + S) 8) NTUC Additional OD*  *N5: Courtesy Car  *N6: Repair Co-66  *N7: Fost Repair I  *N8: DV / Collect TP (N11): TP (N-	Date&Time Complete Co	INC (\$80) \$40/\$45 \$120 \$30 \$75 \$160 \$53 \$510 \$525 \$53 \$520	And (S)	Am(\square) Add Bi

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

A SHEET WE TO A SECRET HER SHEET SHEET	ACCIDENT STATEMENT
Date Of Report	18/07/2020 17:10
Date Of Accident	18/07/2020 02:15
Exact Location Of Accident	KEPPEL RD
Country/State of Loss	SINGAPORE
the first service of seasons and	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFK805R
Insured/Policyholder	
Name Of Registered Owner	TAN LAI HOCK
NRIC No	SXXXX787J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92222225
Alternative Phone No	OFFICE-92222225
Vehicle Particulars	
Manufacturer	MASERATI
Model	QUATTROPORTE AUTO
Exact Purpose for which vehicle was being used time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSNA00023642001
Cover Note Number	
Driver	
Name of Driver	TAN LAI HOCK
NRIC No	SXXXX787J
Date Of Birth	31/12/1973
Occupation	INDOOR
Date Of Driving Pass	01/08/2017
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92222225

OFFICE-92222225

NOEMAIL

Address

BLK 138D YUAN CHING ROAD

#02-155

Postcode

614138

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

OWNER

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

4

Passenger 1

NAME:

100

GENDER:

: MALE

Passenger 2

NAME:

() ×

GENDER:

: MALE

Passenger 3

NAME:

GENDER:

: FEMALE

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMD8532D

Vehicle Make/Model/Colour

**Details Of Properties** Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

**GBF4206S** 

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents(Including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the Information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

NRIC/FIN No .:

Date & Time:



# HS AUTOMOTIVES PTE LTD

BIK 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotivespl@gmail.com

VEHICLE NO:	sek 805R	MAKE/MODE	MAC	XEERA T		
DATE OF ACCIDENT	18 / 07/ 2020 DAY/MONTH/YEAR	TIME	02 HR	15	MIN	(AM) PM
LOCATION OF ACCIDEN	LEGRE!	L ROAD				
EXACT PURPOSE USE DI	JRING ACCIDENT	HOME				
CAR OWNER						
NAME OF CAR OWNER	TAN LAI	Hock				
CONTACT NO	9222 2225					
NRIC	57348787	Š				
CLAIM TYPE		OD	-	THIRD PARTY		REPORTING ONLY
INSURANCE COMPANY	CHIMA TAIRIN	36				ner on mo oner
TYPE OF COVERAGE		COMPREHENS	IVE .	THIRD PARTY		THIRD PARTY FIRE & THEFT
POLICY NO	WE				Architecture.	THIS PARTI FIRE & THEFT
ACCIDENT DRIVER		AS ABOVE		IF NOT- KINDL	Y FILL IN BE	low
NAME OF DRIVER						
NRIC			NO C	F PASSENGER	15 3	I female, 2 mo
DATE OF BIRTH	31.12.1973		1100	A PASSEINGEN	/3	1 territorie
OCCUPATION	SELF - EMPLOY	(FSD)		OUTDOOR	/	INDOOR
DATE OF DRIVING PASS	01/08/2017			00100011		III DOOK
GENDER			/	MALE		FEMALE
CONTACT NO	9222 2225			TITLE		LIMPLE
ADDRESS	BLK 1380 YU	DON'T CHING				
DRIVER OWN ANY VEHIC	CONTRACTOR OF THE PARTY OF THE					
RELATIONSHIP EMPLOY		W 1001				
WEATHER CONDITION		CLEAR	RAINING		OTHER:	
ROAD SURFACE	_	DRY	WET		OTHER:	
ANY INJURIES	(	NO) IF YES- NAME:			Verilla Million	
CONTACT NO						***
POLICE REPORT	(	NO/ IF YES- LOCATIO	ON:			
VIDEO FOOTAGE		NO/YES				
3RD PARTY INFO						
VEHICLE B NO	5MD8532D		NO OI	F PASSENGER,	's	UNKDOWN
NAME						
CONTACT NO					(0)	
ÆHICLE C NO	GBF 42065		NO OF	F PASSENGER/	S	MUCHANN
VEHICLE D NO			NO OF	F PASSENGER/		
EHICLE E NO			NO OF	F PASSENGER/	S	
VEHICLE F NO			NO OF	PASSENGER/	s	
ANY WITNESS					1	
WITNESS CONTACT NO						



Motor Private Car

MX1F

SN

AN0597A

Cov. Type:C

CERTIFICATE OF INSURANCE

otor Vehicles (Third-Party Risks and Compensation) Act (Chapter 18 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNA00023642001

Engine No.: M139A179544

Index Mark and Registration

Number of Vehicle

SFK805R

Cha. No.: ZAMFK39C000061914

2. Name of Policy Holder

TAN LALHOCK

03/03/2020

Excess Sect I

\$\$4,000.00

Effective date of the Commencement of Insurance for the purposes of the Regulations. Ordinance or Enactment

(10:51:18)

Excess Sect. I (Outside Singapore)

\$\$8,000.00

Date of Expiry of Insurance

EX ON WINDSCREEN .

\$\$500.00

02/03/2021

Persons or Classes of Persons entitled to drive

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use:\*

Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

One time Waiver of Excess for the first \$\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. : SING INVESTMENTS & FINANCE LTD AS HP OWNER

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Chua Suat Lay Sally Authorised Officer

Authorised Signatory